Scenic Rivers Health Services Resume

Please submit resume to hr@scenicrivershealth.org or Attn: HR, 20 Fifth Street SE, Cook MN 55723

Position Applying For: Location: Date:

Applicant Information

Name (first, MI, last)	
Address (street, city, state, zip code)	Mobile Telephone
Email Address:	Home Telephone

Are you legally authorized to work in the U.S.? ◯ Yes ◯ No (If hired, proof of work authorization is required.)

Education

School	Name & Location (city, state)	Major subjects	Diploma or Degree Received
High School			◯ Yes ◯ No Type:
College			◯ Yes ◯ No Type:
Other			◯ Yes ◯ No Type:

Employment History (start with most recent)

Name of Employer:	Location:
Job Title:	Employment Dates (month and year) From: To:
Description of Duties:	
Reason for Leaving:	

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Required License(s)

List any relevant licenses, trainings, or skills. (Include registration/license number and expiration date)